

2010 Shop with a Cop Lewis County Sheriff's Office Application Form

Deadline for applications is November 24, 2010.

If you have any questions please call 748-8100.

Name of Child: _____ Age: _____ Sex: ☐ Male ☐ Female

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Cell Phone: _____ Parent/Guardian: _____

Primary Language is: English Spanish Other _____

Mother: _____ DOB (if known) _____

Father: _____ DOB (if known) _____

Referred By: _____

Employer: _____

Position: _____ Phone: _____

Is this child going to be involved with or nominated for any other program?

☐ YES ☐ NO

Primary reason this child is being referred:

☐ Financial Need ☐ Positive experience with law enforcement

Explain, in detail, why you are referring this child: All of this information remains confidential.

"the more detailed information you provide will only help in the selection process"

Can this application be shared with other charity groups if not chosen for "Shop With A Cop"?

☐ YES ☐ NO

Child lives with the following:

(They will be purchasing a gift for these family members, no boyfriends, girlfriends or pets)

Name	Age	Relationship

Application is also available online at www.lewiscountyuw.com

Please return completed application to:

"Shop With A Cop"
450 NW Pacific Ave.
Chehalis, WA 98532

Fax: 360-748-8222
or email to
admin@lewiscountyuw.com